



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600009

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DINDU, INC

DOING BUSINESS AS L'ALOUETTE

ADDRESS 787 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: CHAMPNEY,
ALAN E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF TWO STORY WOOD FRAME BLDG. CONSISTING OF TWO DINING RMS.
KITCHEN AND LOUNGE, FULL CELLAR USED FOR STORAGE. TWO EXITS FACING ROUTE
28. ONE EXIT IN REAR, AND ONE HANDICAPPED SIDE ENTRANCE SEATING CAPACITY TO
75.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600011

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAND HO HARWICHPORT LLC

DOING BUSINESS AS LAND HO

ADDRESS 429 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: MURPHY, DILLON TYPE OF LICENSE: Restaurant
J. SR.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 2400 SQ FT OF FLOOR SPACE INCLUDING A FRONT DINING AREA 16X11 MAIN DINING AREA WITH BAR 38X32; FRONT AND REAR ENTRANCES AND SIDE ENTRANCE TO PATIO; RESTROOMS AND KITCHEN STORAGE AREA. ATTIC STORAGE OVER KITCHEN AND TWO REAR ENTRANCES FOR EMPLOYEES AND DELIVERIES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600015

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALLEN HARBOR YACHT CLUB INC.

DOING BUSINESS AS

ADDRESS 371 LOWER COUNTY ROAD

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: MOYNAGH,
PETER

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY MAIN CLUBHOUSE PLUS STAFF RESIDENTS WING LOWER LEVEL
CONTAINS ADDITIONAL TOILETS, SHOWERS, STORAGE AND HEATER ROOMS.
RECREATION ROOM, SNACK BAR, PICNIC PATIO AND EXTENSIVE LAWN ON HARBOR
SIDE OF BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600016

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRAX RESTAURANT MANAGEMENT, INC

DOING BUSINESS AS BRAX LANDING

ADDRESS 705 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: GOMES, JEFFREY TYPE OF LICENSE: Restaurant
S.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME BLDG. MAIN FLR; ENTRANCE LOBBY, DINING ROOMS, DINING
PORCH, BAR, KITCHEN, RESTROOMS, STORAGE AREA AND OUTSIDE TERRACE .
ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600023

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D.J. HENRY INCORPORATED

DOING BUSINESS AS PLEASANT LAKE GENERAL STORE

ADDRESS 403 PLEASANT LAKE

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: HENRY, DAVID J.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2164 SQ FT WOOD CONSTRUCTION WITH A FRONT ENTRANCE TO MAIN STORE. THERE IS A SIDE DELIVERY TO THE BACK STORAGE AND CELLAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600024

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HARVEST FINE WINES & SPIRITS, INC

DOING BUSINESS AS HARVEST FINE WINES & SPIRITS

ADDRESS 706 MAIN STREET

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: RICHARD P.
DEEGAN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BACK ENTRANCE AND EXIT IS RTE. 124. LEFT HAND PORTION OF FIRST FLOOR AND BASEMENT.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600025

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WILLIAM R. COFFIN & SONS, INC.

DOING BUSINESS AS PLUM'S PACKAGE STORE

ADDRESS 326 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: COFFIN, JOHN W. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME FRONT FOR DISPLAY, REAR CONTAINS WALK IN COOLER AND FIVE ROOMS FOR STORAGE. CAPE COD CELLAR FOR HEATING AND HALF BATH. SECOND FLR CONTAINS THREE ROOMS FOR STORAGE, ONE OFFICE AND HALF BATH. SHIPPING DOOR, REAR AND DOOR AT FRONT OF LOWER LEVEL

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

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DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600026

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A.J. LUKES OF HARWICH, INC.

DOING BUSINESS AS A.J. LUKE'S OF HARWICH, INC

ADDRESS 224 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02671

MANAGER: LUKE, ARTHUR J. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 RMS, 7,000 SQ FT. INCLUDING COLD BOX & 2,000 SQ FT. RETAIL SPACE, 1 EXIT & 2,000 SQ FT. STORAGE RM W/ 2 LOADING DOCKS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600027

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOURNE PETROLEUM, LTD.

DOING BUSINESS A HARWICH EXXON

ADDRESS 173 PLEASANT LAKE AVE

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: ALMEIDA, JAIME

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY CAPE STYLE; TWO FRONT ENTRANCES(ONE FOR FOOD SERVICE, ONE
FOR PACKAGE STORE)FIRE EXIT ON SIDE OF BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPROVED: ☐

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(If disapproved explain)

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DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600028

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEPINAY, INC.

DOING BUSINESS AS CRANBERRY LIQUORS

ADDRESS 555 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: DELLA MORTE,
JOSEPH V.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LARGE ROOM WITH WALK-IN COOLER, SMALL OFFICE, BATHROOM ENTRANCE AT
FRONT AND REAR OF BUILDING AND A FULL BASEMENT DOWNSTAIRS.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600029

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HARWICH SPIRITS SHOPPE INC

DOING BUSINESS AS

ADDRESS 574 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: GIBSON, BRUCE M.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BUILDING APPROX 47X37 WITH ENTRANCES AND EXITS IN FRONT AND REAR

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600033

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOUR HUNDRED EAST, INC.

DOING BUSINESS AS

ADDRESS 1421 RTE. 39

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: SLUIS, BRIAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT 5,4,3 AND 1 IN THE E HARWICH PLAZA, COMPRISING 3000 SQ. FT. 28X25' KITCHEN, 80X25 RESTAURANT. ALSO INCLUDED UNIT 5 APP- ROXIMATELY 1000 SQ. FT TO INCLUDE OFF. SPACE, SEATING FOR 48 INCLUDING 8 STOOL BAR. ENTRANCES AND EXITS IN UNITS 3,4, AND 5.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

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DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600037

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOHN & JON UNITED CORPORATION

DOING BUSINESS AS HARWICH EAST LIQUORS

ADDRESS 1421 ROUTE 39

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: KENNEY, JOHN F. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADDITION OF UNITS 8 & 12 , APPROX. 2000 SQ. FT. TO BE USED FOR DISPLAY OF BEVERAGES AND ADDITIONAL STORAGE. UNITS 9, 10 AND 11 COMPRISING OF 3000 SQ FT. ENTRANCES AND EXITS FROM UNITS 9 & 10/ UNIT 11 FOR COOLERS AND STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600043

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZACK, INC.

DOING BUSINESS AS CASTAWAYS

ADDRESS 986 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02661

MANAGER: MERRILL,
DEBORAH B.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG., W/BAR, DINING ROOM AND KITCHEN. COMPLETE BASEMENT.
ENTRANCES/EXITS CONSIST OF FRONT DOOR, TWO SIDE DOORS AND CELLAR DOOR
LEADING TO OUTSIDE THROUGH GARAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600054

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ASHWOOD FOOD SERVICE, INC

DOING BUSINESS A JAKE ROONEY'S

ADDRESS 119 BROOKS RD

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: Klaus, Paula R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BLDG CONSISTING OF DINING ROOM, KITCHEN, BAR AND LOUNGE AREA. TWO MAIN ENTRANCES IN FRONT OF BUILDING AND TWO EXITS AT REAR OF DINING ROOM AND KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600056

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHARLES J. WEISS

DOING BUSINESS A 7-ELEVEN 34434A

ADDRESS 5 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02671

MANAGER: WEISS, CHARLES J.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

.37 ACRES; SOUTHEAST CORNER OF RTE. 28 & DIVISION ST. FRONT BLDG. ENTRANCE AND EGRESS AT REAR ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600057

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MORNINGSTAR RESTAURANT INC

DOING BUSINESS AS VILLA ROMA

ADDRESS 278 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02671

MANAGER: MORRISSEY,
DOUGLAS R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY COMMERCIAL BLDG. W/ 3 ROOMS. 2ND FLOOR HAS KITCHEN STORAGE, 2 RESTROOMS; 1650 S/F GROSS BLDG. AREA. 105' FRONTAGE ON RTE. 28 W/ 5 EXITS, 15 TABLES, 48 SEATS. TO INCLUDE THE EXISTING PATIO IN FRONT OF 278 RTE 28. WEST HARWICH. THE DIMENSIONS ARE 44'X 20 1/2', CONTAINING 902 SQ. FT. THE IS 85% SURROUNDED BY A 7 FT. HEDGE WITH 3 EXITS, 12 SEATS AN ENCLOSED HANDICAP RAMP PROVIDES 15% OF THE SURROUND. THERE WILL BE NO SERVICE OUTSIDE. ALL DRINKS BEING CONSUMED ON THE PATIO WOULD BE PURCHASED INSIDE BY PATRONS WAITING FOR INDOOR SEATING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600060

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HARWICHPORT HOUSE OF PIZZA INC.

DOING BUSINESS AS

ADDRESS 330 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: SOTIRI, ALEKS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2400 SF BUILDING, COUNTER SERVICE, 1 FRONT DOOR, 1 SIDE DOOR, EACH SIDE AND RECEIVING DOOR IN BACK. COUNTER BAR, 6 OUTSIDE TABLES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600061

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOT STOVE INC.

DOING BUSINESS AS HOT STOVE SALOON

ADDRESS 551 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: LEIDNER,
GABRIEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO SEPARATE DINING RMS; FULL KITCHEN; UNFINISHED 2ND FL. APARTMENT; 2
RESTROOMS; FRONT & REAR PUBLIC ENTRANCE/EXITS ALONG W/ EXITS IN KITCHEN
AND UPSTAIRS APARTMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600064

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHOGUN INC.

DOING BUSINESS AS NOBLE HOUSE

ADDRESS 21 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02671

MANAGER: LIANG, AMY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AT FRONT OF BLDG; EXIT AT BACK OF DINING AREA; ANOTHER EXIT IN KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600065

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHOOTING STAR REALTY, LLC

DOING BUSINESS AS BUCAS RESTAURANT

ADDRESS 4 DEPOT ROAD

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02661

MANAGER: ROBERT J.
CHIAPPETTA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE DINING ROOM, ONE BAR AREA AND RESTROOMS ALL ON FIRST FLOOR. ONE
ENTRANCE AND EXIT AT FRONT AND TWO OTHERS, ONE REAR AND ONE KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600068

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SPYRIDON & AGLAIA CHRISTAKIS

DOING BUSINESS AS GEORGE'S PIZZA HOUSE

ADDRESS 564 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02646

MANAGER: CHRISTAKIS,
SPYRIDON &
AGLAIA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR & BSMT; 1 DOUBLE EXT/ENT. DR IN FRONT W/ HANDICAP ACCESS. PASSAGE
DIVIDES ONE FUNCTION RM OF 40 SEATS CAPACITY. COUNTER SEPERATES THE
SEATING AREA FROM THE WORKING AREA. COUNTER DR AVAIL. FOR ENTRANCE.
WORK AREA; 2 PASSAGES W/ KITCHEN SECTION. BSMT STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600077

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOHN F. CONNELL

DOING BUSINESS AS CAPE COD CLADDAGH INN AND IRISH PUB

ADDRESS 77 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02671

MANAGER: CONNELL, JOHN TYPE OF LICENSE: Innholder
F.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

14 ROOM, 90 YEAR OLD VICTORIAN HOME - 6 ENTRANCES AND EXITS ON 1ST FLOOR, 5 GUEST ROOMS, 2 DINING ROOMS, 8 BATHROOMS, OWNERS QUARTERS, LIVING ROOM, LOUNGE AREA AND SWIMMING POOL.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600080

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KEDJA, INC.

DOING BUSINESS AS AnkDALE CAFÉ

ADDRESS 703 MAIN STREET

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: SARABIA,
KENDRA L.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 DINING RMS, CANTINA, PATIO SEATING, KITCHEN, PREP RM, OFFICE AND 2
RESTROOMS. MAIN ENT. FACES INTERSECTION OF RTES 124 AND 39 WITH A SECOND
ENTRANCE TO THE LEFT OFF PATIO EMPLOYEE ENT. IN REAR LEFT SIDE REAR OFF
KITCHEN. PATIO SEATING TO INCLUDE 6 TABLES WITH SEATING FOR 16.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600081

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAIN STREET QUIK PIK INC.

DOING BUSINESS A MAIN STREET MARKET

ADDRESS 715 MAIN STREET

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: PATEL, ANIL

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LARGE ROOM (APPROX. 46'X54') WITH RETAIL CONVENIENCE STORE
MERCHANDISE DISPLAYED ON SHELVES ARRANGED IN AISLES AND ON SIDE AND
FRONT WALLS. BACK WALL HAS OPEN REFRIGERATED UNITS FOR COLD DRINK
DISPLAY...AT FRONT OF STORE IS SALES COUNTER AND SMALL OFFICE...BEHIND BACK
WALL IS (FROM LEFT TO RIGHT) WALK IN COOLER, STORAGE AREA AND TWO REST
ROOMS...MAIN ENTRANCE AND EXIT AT FRONT OF STORE WITH TWO DOORS BEHIND
STORAGE AREA FOR DELIVERY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600082

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EMBER PIZZA INC.

DOING BUSINESS AS EMBER

ADDRESS 600 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: BRACKETT,
JUSTIN R.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A 1 1/2 STORY FRAMED BUILDING WITH ONE DINING ROOM, ONE FOYER, COURIER SERVICE, WAITING AREA WITH MINIMAL SEATING, OUTSIDE DINING AREA, ONE KITCHEN, THREE LAVATORIES, BASEMENT LIQUOR STORAGE; EXIT/ENTRANCE ON ALL THREE SIDES OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600083

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PRISHA CORPORATION

DOING BUSINESS AS VALUE MART

ADDRESS 435 ROUTE 28

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: PATEL,MAHENDR TYPE OF LICENSE:Package Store
A

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM FOR RETAIL SALES,COUNTER AND WALK IN COOLER.STORAGE ROOM
ADJACENT TO COOLER AND SALES ROOM ON EXIT ENTRANCE AND FRONT AT
ADDITIONAL DOOR IN THE STORAGE ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600085

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RUGGIE'S INC.

DOING BUSINESS AS RUGGIE'S BREAKFAST AND LUNCH

ADDRESS 707 MAIN STREET

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: ROCCO, ROBERT TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SMALL RESTAURANT WITH AN ENTRANCE IN THE FRONT AS WELL AS ONE IN THE BACK...IT ALSO HAS A SIDE ENTRANCE WHICH CAN BE USED AS AN EMERGENCY EXIT...11 TABLES AND 44 SEATS...KITCHEN IS LOCATED IN THE BACK OF THE RESTAURANT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600086

CITY OR TOWN HARWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HARWICH PORT SEAFARE INC.

DOING BUSINESS AS HARWICH PORT SEAFARER

ADDRESS 86 SISSON ROAD

CITY/TOWN: HARWICH

STATE: MA

ZIP CODE: 02645

MANAGER: WISEMAN,
DAMIEN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE MAIN ENTRANCE...BAR AND RESTAURANT ON THE FIRST FLOOR...INN ON THE
SECOND

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: